

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey By
MUTUAL OF OMAHA

Telephone: 1-800-775-6000

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	* MONTHLY PREMIUM AT AGE 65 <i>(INCREASES WITH AGE)</i>	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
A	FNS 89.03 FS 96.25 MNS 102.33 MS 110.63	Yes**	6 mos.		Yes	Yes	Yes					Yes		Yes				
C	FNS 160.54 FS 173.56 MNS 184.52 MS 199.49	Yes**	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
F	FNS 148.62 FS 160.67 MNS 170.83 MS 184.68	Yes**	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	100% Yes	Yes	Yes			
G	FNS 103.17 FS 111.53 MNS 118.59 MS 128.20	Yes**	6 mos.	Yes	Yes	Yes	Yes	Yes				Yes	80% Yes	Yes	Yes	Yes		

* FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER
NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

*** PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY (See Guide to Health Insurance for People with Medicare.)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR.
SERVICES
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(This information may also be found on our web site at www.state.nj.us/health/senior/ship.shtml)